

ORGANIZATION ENDORSEMENT APPOINTMENT

Pursuant to Sections 1627 and 1647 of the Insurance Code

License Number of Organization:

Please **PRINT** or **TYPE**:

Organization Name:
Mailing Address:
City, State, Zip:

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE ORGANIZATION HEREBY APPOINTS AND AGREES TO EMPLOY THE PERSON(S) NAMED TO EXERCISE THE AGENCY OR BROKERAGE POWERS OF THE ORGANIZATION.

If you are appointing an applicant for an insurance license, submit only one name per form and attach the form to the application.

NOTE: Enter only **ONE** appointment type per line.

*Two-letter appointment types: **FX** – FIRE AND CASUALTY BROKER-AGENT **LA** – LIFE AND DISABILITY ANALYST
LX – LIFE AGENT **CS** – CARGO SHIPPER'S AGENT
LI – LIFE AGENT LIMITED TO PRE-NEED

	Appt Type	Employee's Social Security Number	Employee Name (as shown on license)	Effective Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE: (An Officer or partner must sign.)

X	Date:
Title:	Phone Number: ()

FILING FEE:

Submit \$21 per appointment type.

Enter number of appointments:

X \$21 =

MAIL FORM AND FEE TO:

California Department of Insurance
P.O. BOX 957
Sacramento, CA 95812-0957

Receipt Code: 0106